

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NEW YORK

IN RE:

Howard J. Klever

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CASE NO. 08-14993 CLB

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DEBTOR.

AFFIDAVIT REGARDING THE RECOVERY OF UNCLAIMED FUNDS

COMES NOW the claimant, Dilks & Knopik, LLC, attorney-in-fact for Howard J. Klever, claimant, hereby petitions the Court for \$1,390.90, which is the sum of all monies being held in the registry of this court as unclaimed funds, which are due to Howard J. Klever, creditor. A dividend check in the amount totaling \$1,390.90 was not negotiated by the creditor and the Trustee, pursuant to 11 U.S.C. Section 347(a), delivered the unclaimed funds to the Clerk, US Bankruptcy Court.

The creditor did not receive the dividend check in the above case for the following reason: The original dividend check was sent to a Howard J. Klever at 11045 Marble Springs Road, Delevan, NY 14042. That address is no longer valid. The current address is listed. The change in mailing address may have prevented delivery of the original dividend check.

The creditor's current mailing address, phone and social security/tax identification number are:

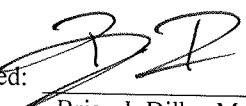
Howard J. Klever
42 N. Liberty St.
Albion, NY 14411-1228
716) 353-0093
Last Four Digits of SSN/TIN: 4707

Claimant now seeks to recover the funds from the Court's Registry. **Dilks & Knopik, LLC is not an attorney firm but has been granted Limited Power of Attorney from Howard J. Klever to collect the unclaimed funds, as evidenced by the attached Limited Power of Attorney.** Wherefore, claimant prays that, upon proper notice to the U.S. Attorney's Office, the Court order that a check in the amount of \$1,390.90 made payable to Howard J. Klever c/o Dilks & Knopik, LLC be issued from the Court's Registry.

I declare under the penalty of perjury that the statements above are true and correct to the best of my knowledge and belief.

Dated: March 4, 2013

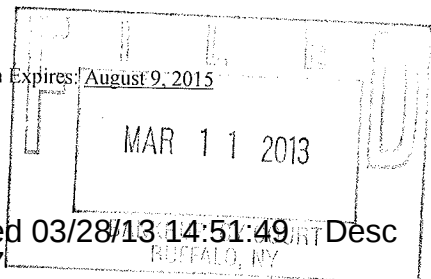
Respectfully Submitted:


Brian J. Dilks, Managing Member
Dilks & Knopik, LLC, Attorney in Fact for
Howard J. Klever
35308 SE Center St
Snoqualmie, WA 98065
(425) 836-5728

On 3/4/2013 before me, Brian J. Dilks, personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.


Andrew T. Drake, Notary Public

for the State of Washington, County of King - My Commission Expires: August 9, 2015



AFFIDAVIT OF FUNDS LOCATOR

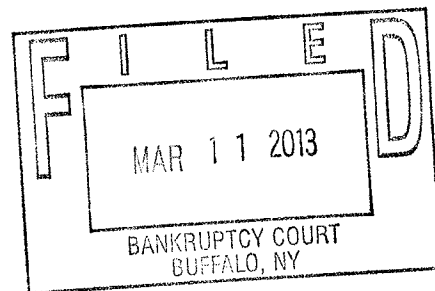
I, Brian J. Dilks of Dilks & Knopik, LLC, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief:

I have obtained the consent of the claimant to make application for the unclaimed funds as provided in this application. I have made all reasonable efforts required to believe that Howard J. Klever is legally entitled to the unclaimed funds referenced in this application. To the best of my knowledge and belief, I am familiar with State of New York requirements for acting in the capacity as a personal representative (or Attorney-in-fact).

Dated March 4, 2013



Brian J. Dilks
Dilks & Knopik, LLC
Attorney in Fact for Howard J. Klever



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FOR THE WESTERN DISTRICT OF NEW YORK

IN RE:

Howard J. Klever

DEBTOR.

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CASE NO. 08-14993 CLB

CERTIFICATE OF SERVICE

I, Brian J. Dilks, Partner of Dilks & Knopik, LLC, the undersigned, do declare that on March 4, 2013, I served the within Motion for the Recovery of Unclaimed Funds to the US Attorney, listed below.

I further declare that I served a true and correct copy of the within document via United States Mail, with postage thereon fully prepaid, to the following individual(s) as follows:

U.S. Attorney's Office
138 Delaware Ave
Buffalo, NY 14202


I declare, under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

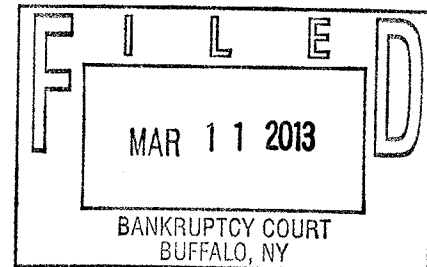
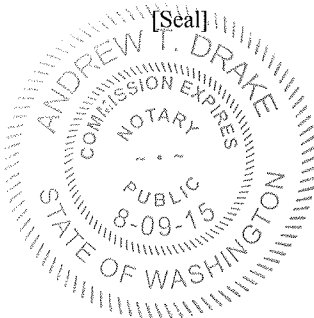
Dated: March 4, 2013

Respectfully Submitted: 

Brian J. Dilks, Managing Member
Dilks & Knopik, LLC, Attorney in Fact for
Howard J. Klever
35308 SE Center St
Snoqualmie, WA 98065
(425) 836-5728

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Andrew T. Drake, Notary Public
for the State of Washington, County of King
My Commission Expires: August 9, 2015



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

RE: Howard J. Klever

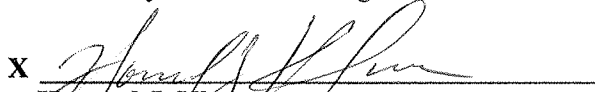
Debtor(s)

Case: 08-14993 CLB

AUTHORITY TO ACT
Limited Power of Attorney
LIMITED TO ONE TRANSACTION

USED ONLY TO COLLECT FUNDS FROM THE ABOVE REFERENCED CASE

1. **Howard J. Klever** ("CLIENT"), appoints **Dilks & Knopik, LLC** ("D&K"), as its lawful attorney in fact for the limited purpose of recovering, receiving and obtaining information pertaining to the outstanding tender of funds in the amount of **\$1,390.90** (the "FUNDS"), including the right to collect on CLIENT's behalf any such funds that are held by a governmental agency or authority.
2. CLIENT grants to D&K the authority to do all things legally permissible and reasonably necessary to recover or obtain the FUNDS held by the governmental agency or authority. This limited authority includes the right to receive all communications from the governmental agency or authority and to deposit checks payable to CLIENT for distribution of the FUNDS to CLIENT, less the fee payable to D&K pursuant to and in accordance with its agreement with CLIENT.
3. D&K may not make any expenditure or incur any costs or fees on behalf of CLIENT without CLIENT's prior written consent.
4. This Authority to Act shall become effective on the below signed date and shall expire upon collection of the aforementioned FUNDS. I authorize the use of a photocopy of this Limited Power of Attorney in lieu of the original.

X 
Howard J. Klever

2-25, 20 13
Date

Tax ID: XXX-XX- 4707

ACKNOWLEDGMENT

STATE OF New York, COUNTY OF Orleans,

On this 25 day of February, 2013, before me, the undersigned Notary Public in and for the said County and State, personally appeared (name) Howard J. Klever known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (circle one) he/she did so freely and voluntarily and for the uses and purposes therein mentioned.

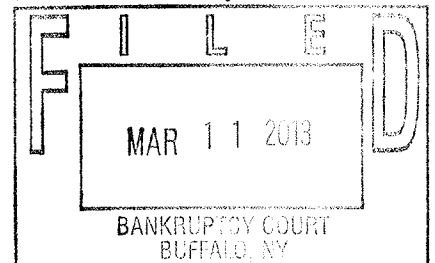
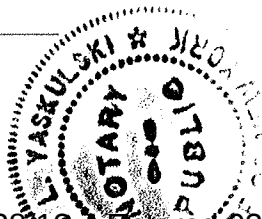
WITNESS my hand and official seal.

NOTARY PUBLIC

Residing at 48 N. Main St. Albion, NY 14411

My Commission expires 12/2/14

TAMMY L. YASKULSKI
Notary Public, State of New York
Orleans County, #01YA6084294
Term Exp. December 02, 2014



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FOR THE WESTERN DISTRICT OF NEW YORK

IN RE:

Howard J. Klever

DEBTOR.

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CASE NO. 08-14993 CLB

ORDER TO PAY UNCLAIMED FUNDS

It appearing that the check made payable to Howard J. Klever, in the amount of \$1,390.90 was not charged against the bank account of the debtor's estate within the 90-day limit pursuant to 11 U.S.C. §347 and an unclaimed money report was entered to close the account and transfer the monies into the registry of the Clerk, United States Bankruptcy Court, and

It further appearing that Howard J. Klever C/o Dilks & Knopik, LLC now claims the above monies in the petition attached hereto,

IT IS ORDERED that the Clerk of the Bankruptcy Court pay the sum of \$1,390.90, to:

Howard J. Klever
C/o Dilks & Knopik, LLC
35308 SE Center St
Snoqualmie, WA 98065.

Dated: _____

United States Bankruptcy Judge

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

Sensitive Information
VENDOR INFORMATION/TIN CERTIFICATION

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: Howard J. Klever	Address: 35308 SE Center St.
Business Name: N/A (if different from above)	City: Snoqualmie
Address 1: 42 N. Liberty St.	State: WA Zip Code: 98065
Address 2:	Telephone #: (425) 836-5728
City: Albion	Description: Dilks & Knopik LLC (If needed)
State: NY Zip Code:	
Taxpayer Identification #: 4707 (TIN, SS, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name: N/A	Routing # (this nine digit number appears on your checks, but do not include individual check numbers): 0
City: N/A	Account #: N/A
State: N/A Zip Code: 00000	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

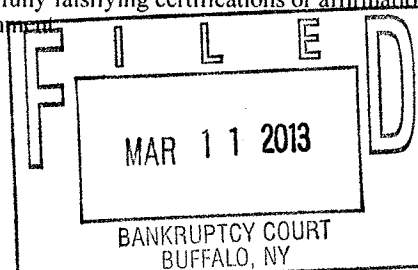
- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input checked="" type="checkbox"/> other: N/A |
| <input type="checkbox"/> government entity (write in either federal, state or local) | |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.



Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

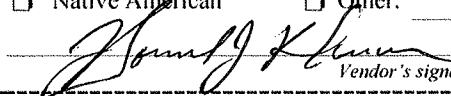
- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business
- ☒ Not Applicable
- ☐ Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - ☐ Asian-Pacific American
 - ☐ Black American
 - ☐ Subcontinent Asian (Asian-Indian) American
 - ☐ Hispanic American
 - ☐ Native American
 - ☐ Other: _____

Date: 2-25-13


Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly.

For "AO" FAS4T Users only, e-mail the completed form to: AODB.Client.Service.Desk@DCA.AO.USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.